

FILED FEB 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4010

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (in this place) <u>12 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln R.R. I</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>White Township</u>			
3. NAME OF DECEASED a. (First) <u>EDNA</u> b. (Middle) <u>ANN</u> c. (Last) <u>Keller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15, 1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 15, 1865</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John F Poague</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Keller</u>		14. NAME OF HUSBAND OR WIFE <u>Stanard Keller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Poague</u> ADDRESS <u>Lincoln, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>					Unk.
		DUE TO (c) <u>Senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>14 Feb, 1949</u> , to <u>15 Feb, 1949</u> , that I last saw the deceased alive on <u>14 Feb, 1949</u> , and that death occurred at <u>11:35 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David H. Glenn D.M.W.</u> (Degree or title)				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>17 Feb 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/17/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyside</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17-1949</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Keser</u> ADDRESS <u>Warsaw</u>			

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300-10.48

RECEIVED

District Health Officer No. 7,

District File Number 1-49-125

Date Filed 1-21-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Jack W. Reser

Licensed Embalmer No. 4643

P. O. Address Warsaw Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.